

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gavras, John, , ,

Mailing Address 2900 Ames Crossing Rd

City
Eagan

State
MN

Zip Code
55121

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Prime Therapeutics

Occupation (for Individual)
SVP, Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 14 / 2019

Transaction ID : SA11AI.11512

Amount of Each Receipt this Period

100.00

☐ Memo Item
☐ Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gavras, John, , ,

Mailing Address 2900 Ames Crossing Rd

City
Eagan

State
MN

Zip Code
55121

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Prime Therapeutics

Occupation (for Individual)
SVP, Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 28 / 2019

Transaction ID : SA11AI.11565

Amount of Each Receipt this Period

100.00

☐ Memo Item
☐ Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hoffman, Thomas, , ,

Mailing Address 2900 Ames Crossing Rd

City
Eagan

State
MN

Zip Code
55121

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Prime Therapeutics

Occupation (for Individual)
Vice President (VP) & General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 03 / 2019

Transaction ID : SA11AI.11353

Amount of Each Receipt this Period

25.00

☐ Memo Item
☐ Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00